

# Food Establishment Inspection Report

Score: 99

Establishment Name: NEW CHINA CHEF

Establishment ID: 4092017335

Location Address: 1769 W WILLIAMS ST

City: APEX State: North Carolina

Zip: 27523-9315 County: 92 Wake

Permittee: ZHOUXIN NI

Telephone: (919) 363-8885

☒ Inspection ☐ Re-Inspection ☐ Educational Visit

## Wastewater System:

☒ Municipal/Community ☐ On-Site System

## Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 09/30/2026 Status Code: A

Time In: 11:00 AM Time Out: 12:30 PM

Category#: IV

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

## Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Public Health Interventions: Control measures to prevent foodborne illness or injury

| Compliance Status                                                   |                                                    | OUT                                                                                            | CDI | R   | VR |
|---------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------|-----|-----|----|
| <b>Supervision .2652</b>                                            |                                                    |                                                                                                |     |     |    |
| 1                                                                   | <input checked="" type="checkbox"/> OUT/N/A        | PIC Present, demonstrates knowledge, & performs duties                                         | 1   | 0   |    |
| 2                                                                   | <input checked="" type="checkbox"/> OUT/N/A        | Certified Food Protection Manager                                                              | 1   | 0   |    |
| <b>Employee Health .2652</b>                                        |                                                    |                                                                                                |     |     |    |
| 3                                                                   | <input checked="" type="checkbox"/> OUT            | Management, food & conditional employee; knowledge, responsibilities & reporting               | 2   | 1   | 0  |
| 4                                                                   | <input checked="" type="checkbox"/> OUT            | Proper use of reporting, restriction & exclusion                                               | 3   | 1.5 | 0  |
| 5                                                                   | <input checked="" type="checkbox"/> OUT            | Procedures for responding to vomiting & diarrheal events                                       | 1   | 0.5 | 0  |
| <b>Good Hygienic Practices .2652, .2653</b>                         |                                                    |                                                                                                |     |     |    |
| 6                                                                   | <input checked="" type="checkbox"/> OUT            | Proper eating, tasting, drinking or tobacco use                                                | 1   | 0.5 | 0  |
| 7                                                                   | <input checked="" type="checkbox"/> OUT            | No discharge from eyes, nose, and mouth                                                        | 1   | 0.5 | 0  |
| <b>Preventing Contamination by Hands .2652, .2653, .2655, .2656</b> |                                                    |                                                                                                |     |     |    |
| 8                                                                   | <input checked="" type="checkbox"/> OUT            | Hands clean & properly washed                                                                  | 4   | 2   | 0  |
| 9                                                                   | <input checked="" type="checkbox"/> OUT/N/A/N/O    | No bare hand contact with RTE foods or pre-approved alternate procedure properly followed      | 4   | 2   | 0  |
| 10                                                                  | <input checked="" type="checkbox"/> OUT/N/A        | Handwashing sinks supplied & accessible                                                        | 2   | 1   | 0  |
| <b>Approved Source .2653, .2655</b>                                 |                                                    |                                                                                                |     |     |    |
| 11                                                                  | <input checked="" type="checkbox"/> OUT            | Food obtained from approved source                                                             | 2   | 1   | 0  |
| 12                                                                  | <input checked="" type="checkbox"/> IN OUT         | Food received at proper temperature                                                            | 2   | 1   | 0  |
| 13                                                                  | <input checked="" type="checkbox"/> OUT            | Food in good condition, safe & unadulterated                                                   | 2   | 1   | 0  |
| 14                                                                  | <input checked="" type="checkbox"/> IN OUT         | Required records available: shellstock tags, parasite destruction                              | 2   | 1   | 0  |
| <b>Protection from Contamination .2653, .2654</b>                   |                                                    |                                                                                                |     |     |    |
| 15                                                                  | <input checked="" type="checkbox"/> OUT/N/A/N/O    | Food separated & protected                                                                     | 3   | 1.5 | 0  |
| 16                                                                  | <input checked="" type="checkbox"/> OUT            | Food-contact surfaces: cleaned & sanitized                                                     | 3   | 1.5 | 0  |
| 17                                                                  | <input checked="" type="checkbox"/> OUT            | Proper disposition of returned, previously served, reconditioned & unsafe food                 | 2   | 1   | 0  |
| <b>Potentially Hazardous Food Time/Temperature .2653</b>            |                                                    |                                                                                                |     |     |    |
| 18                                                                  | <input checked="" type="checkbox"/> OUT/N/A/N/O    | Proper cooking time & temperatures                                                             | 3   | 1.5 | 0  |
| 19                                                                  | <input checked="" type="checkbox"/> IN OUT/N/A/N/O | Proper reheating procedures for hot holding                                                    | 3   | 1.5 | 0  |
| 20                                                                  | <input checked="" type="checkbox"/> OUT/N/A/N/O    | Proper cooling time & temperatures                                                             | 3   | 1.5 | 0  |
| 21                                                                  | <input checked="" type="checkbox"/> OUT/N/A/N/O    | Proper hot holding temperatures                                                                | 3   | 1.5 | 0  |
| 22                                                                  | <input checked="" type="checkbox"/> OUT/N/A/N/O    | Proper cold holding temperatures                                                               | 3   | 1.5 | 0  |
| 23                                                                  | <input checked="" type="checkbox"/> OUT/N/A/N/O    | Proper date marking & disposition                                                              | 3   | 1.5 | 0  |
| 24                                                                  | <input checked="" type="checkbox"/> IN OUT         | Time as a Public Health Control; procedures & records                                          | 3   | 1.5 | 0  |
| <b>Consumer Advisory .2653</b>                                      |                                                    |                                                                                                |     |     |    |
| 25                                                                  | <input checked="" type="checkbox"/> IN OUT         | Consumer advisory provided for raw/undercooked foods                                           | 1   | 0.5 | 0  |
| <b>Highly Susceptible Populations .2653</b>                         |                                                    |                                                                                                |     |     |    |
| 26                                                                  | <input checked="" type="checkbox"/> IN OUT         | Pasteurized foods used; prohibited foods not offered                                           | 3   | 1.5 | 0  |
| <b>Chemical .2653, .2657</b>                                        |                                                    |                                                                                                |     |     |    |
| 27                                                                  | <input checked="" type="checkbox"/> IN OUT         | Food additives: approved & properly used                                                       | 1   | 0.5 | 0  |
| 28                                                                  | <input checked="" type="checkbox"/> OUT/N/A        | Toxic substances properly identified stored & used                                             | 2   | 1   | 0  |
| <b>Conformance with Approved Procedures .2653, .2654, .2658</b>     |                                                    |                                                                                                |     |     |    |
| 29                                                                  | <input checked="" type="checkbox"/> IN OUT         | Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan | 2   | 1   | 0  |

## Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

| Compliance Status                                                         |                                             | OUT                                                                                                    | CDI | R   | VR |
|---------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------|-----|-----|----|
| <b>Safe Food and Water .2653, .2655, .2658</b>                            |                                             |                                                                                                        |     |     |    |
| 30                                                                        | <input checked="" type="checkbox"/> IN OUT  | Pasteurized eggs used where required                                                                   | 1   | 0.5 | 0  |
| 31                                                                        | <input checked="" type="checkbox"/> OUT     | Water and ice from approved source                                                                     | 2   | 1   | 0  |
| 32                                                                        | <input checked="" type="checkbox"/> IN OUT  | Variance obtained for specialized processing methods                                                   | 2   | 1   | 0  |
| <b>Food Temperature Control .2653, .2654</b>                              |                                             |                                                                                                        |     |     |    |
| 33                                                                        | <input checked="" type="checkbox"/> OUT     | Proper cooling methods used; adequate equipment for temperature control                                | 1   | 0.5 | 0  |
| 34                                                                        | <input checked="" type="checkbox"/> IN OUT  | Plant food properly cooked for hot holding                                                             | 1   | 0.5 | 0  |
| 35                                                                        | <input checked="" type="checkbox"/> IN OUT  | Approved thawing methods used                                                                          | 1   | 0.5 | 0  |
| 36                                                                        | <input checked="" type="checkbox"/> OUT     | Thermometers provided & accurate                                                                       | 1   | 0.5 | 0  |
| <b>Food Identification .2653</b>                                          |                                             |                                                                                                        |     |     |    |
| 37                                                                        | <input checked="" type="checkbox"/> OUT     | Food properly labeled: original container                                                              | 2   | 1   | 0  |
| <b>Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657</b> |                                             |                                                                                                        |     |     |    |
| 38                                                                        | <input checked="" type="checkbox"/> OUT     | Insects & rodents not present; no unauthorized animals                                                 | 2   | 1   | 0  |
| 39                                                                        | <input checked="" type="checkbox"/> OUT     | Contamination prevented during food preparation, storage & display                                     | 2   | 1   | 0  |
| 40                                                                        | <input checked="" type="checkbox"/> OUT     | Personal cleanliness                                                                                   | 1   | 0.5 | 0  |
| 41                                                                        | <input checked="" type="checkbox"/> OUT     | Wiping cloths: properly used & stored                                                                  | 1   | 0.5 | 0  |
| 42                                                                        | <input checked="" type="checkbox"/> OUT/N/A | Washing fruits & vegetables                                                                            | 1   | 0.5 | 0  |
| <b>Proper Use of Utensils .2653, .2654</b>                                |                                             |                                                                                                        |     |     |    |
| 43                                                                        | <input checked="" type="checkbox"/> OUT     | In-use utensils: properly stored                                                                       | 1   | 0.5 | 0  |
| 44                                                                        | <input checked="" type="checkbox"/> OUT     | Utensils, equipment & linens: properly stored, dried & handled                                         | 1   | 0.5 | 0  |
| 45                                                                        | <input checked="" type="checkbox"/> OUT     | Single-use & single-service articles: properly stored & used                                           | 1   | 0.5 | 0  |
| 46                                                                        | <input checked="" type="checkbox"/> OUT     | Gloves used properly                                                                                   | 1   | 0.5 | 0  |
| <b>Utensils and Equipment .2653, .2654, .2663</b>                         |                                             |                                                                                                        |     |     |    |
| 47                                                                        | <input checked="" type="checkbox"/> OUT     | Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used | 1   | 0.5 | 0  |
| 48                                                                        | <input checked="" type="checkbox"/> OUT     | Warewashing facilities: installed, maintained & used; test strips                                      | 1   | 0.5 | 0  |
| 49                                                                        | <input checked="" type="checkbox"/> IN      | Non-food contact surfaces clean                                                                        | 1   | 0.5 | 0  |
| <b>Physical Facilities .2654, .2655, .2656</b>                            |                                             |                                                                                                        |     |     |    |
| 50                                                                        | <input checked="" type="checkbox"/> OUT/N/A | Hot & cold water available; adequate pressure                                                          | 1   | 0.5 | 0  |
| 51                                                                        | <input checked="" type="checkbox"/> OUT     | Plumbing installed; proper backflow devices                                                            | 2   | 1   | 0  |
| 52                                                                        | <input checked="" type="checkbox"/> OUT     | Sewage & wastewater properly disposed                                                                  | 2   | 1   | 0  |
| 53                                                                        | <input checked="" type="checkbox"/> OUT/N/A | Toilet facilities: properly constructed, supplied & cleaned                                            | 1   | 0.5 | 0  |
| 54                                                                        | <input checked="" type="checkbox"/> OUT     | Garbage & refuse properly disposed; facilities maintained                                              | 1   | 0.5 | 0  |
| 55                                                                        | <input checked="" type="checkbox"/> IN      | Physical facilities installed, maintained & clean                                                      | 1   | 0.5 | 0  |
| 56                                                                        | <input checked="" type="checkbox"/> OUT     | Meets ventilation & lighting requirements; designated areas used                                       | 1   | 0.5 | 0  |
| <b>TOTAL DEDUCTIONS:</b>                                                  |                                             |                                                                                                        |     |     | 1  |



# Comment Addendum to Food Establishment Inspection Report

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County: 92 Wake Zip: 27523-9315

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site System

Permittee: ZHOUXIN NI

Telephone: (919) 363-8885

Establishment ID: 4092017335

☒ Inspection ☐ Re-Inspection Date: 09/30/2026

☐ Educational Visit Status Code: A

Comment Addendum Attached? ☒ Category #: IV

Email 1:

Email 2:

Email 3: KIKILIN1314@GMAIL.COM

## Temperature Observations

| Item/Location                          | Temp      | Item/Location | Temp | Item/Location | Temp |
|----------------------------------------|-----------|---------------|------|---------------|------|
| Rice /Multiple cookers, hot hold       | 155 - 170 |               |      |               |      |
| Egg drop soup/Hot hold unit            | 170+      |               |      |               |      |
| Wonton soup /Hot hold unit             | 170+      |               |      |               |      |
| Shrimp/Chicken/Beef /Fliptop, cookline | 40 - 41   |               |      |               |      |
| Noodles/Tofu/Reach-in, cookline        | 40        |               |      |               |      |
| Wings/Eggrolls /Reach-in               | 39 - 40   |               |      |               |      |
| Shrimp/Chicken /Walk-in                | 37 - 39   |               |      |               |      |
| Noodles /Walk-in, cooling <1hr         | 59 - 70   |               |      |               |      |
| Beef/Wings /Walk-in                    | 39 - 40   |               |      |               |      |
| Beef /Final cook                       | 175       |               |      |               |      |
| Noodles /Walk-in, cooling 1hr          | 46 - 48   |               |      |               |      |
|                                        |           |               |      |               |      |
|                                        |           |               |      |               |      |
|                                        |           |               |      |               |      |
|                                        |           |               |      |               |      |
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|                                        |           |               |      |               |      |
|                                        |           |               |      |               |      |
|                                        |           |               |      |               |      |

Person in Charge (Print & Sign): Yuki *First* Lin *Last*

Regulatory Authority (Print & Sign): Matthew *First* Saliba *Last*

REHS ID: 3079 - Saliba, Matthew Verification Dates: Priority:

REHS Contact Phone Number: (919) 500-6269

*WJ*

*MS*

Priority Foundation: Core:

Authorize final report to be received via Email: *MS*



North Carolina Department of Health & Human Services

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● Division of Public Health ● Environmental Health Section  
DHHS is an equal opportunity employer.  
Food Establishment Inspection Report, 12/2023

● Food Protection Program



## Comment Addendum to Inspection Report

**Establishment Name:** NEW CHINA CHEF

**Establishment ID:** 4092017335

**Date:** 09/30/2026 **Time In:** 11:00 AM **Time Out:** 12:30 PM

### Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

- 49 4-601.11; Core; A black fan blowing in the prep area has visible dust accumulation on the cage. The nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. Increase cleaning frequency, especially since this fan is used in food preparation area.
- 55 6-501.12; Core; Grease accumulation observed dripping from hood vents above cookline. Physical facilities shall be maintained clean. PIC has vents scheduled to be cleaned soon.